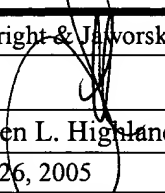
	<b>Application Number:</b>	08/758,033
	<b>Filing Date:</b>	November 27, 1996
	<b>First Named Inventor:</b>	Gary L. Clayman
	<b>Art Unit:</b>	1632
	<b>Examiner Name:</b>	Joseph T. Woitach
Total Number of Pages in this Submission : _____		<b>Attorney Docket Number:</b> INRP:041US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> References _____ <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts/Requirements <input type="checkbox"/> Declaration(s) _____ <input type="checkbox"/> Copy of Notice of Missing Parts/Requirements	<input type="checkbox"/> Drawings(s) _____ <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Check in the amount of \$310.00 <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/INRP:041US/SLH</u> <input type="checkbox"/> Sequence Statement <input type="checkbox"/> Paper Copy of Sequence Listing <input type="checkbox"/> Computer Readable Form (CRF) <input checked="" type="checkbox"/> Postcard
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**Remarks:** If the check is inadvertently omitted or additional fees under 37 C.F.R. §§ 1.16 to 1.21 are required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No.: 50-1212/INRP:041US/SLH.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm Name</b>	Fulbright & Jaworski, L.L.P.	<b>Customer Number</b>	32425
<b>Signature</b>			
<b>Printed Name</b>	Steven L. Highlander	<b>Reg. No.</b>	37,642
<b>Date</b>	July 26, 2005		

**CERTIFICATE OF TRANSMISSION/MAILING**

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<b>Typed or Printed Name</b>	Steven L. Highlander	<b>Date</b>	July 26, 2005